

CALIFORNIA ARCHITECTS BOARD LANDSCAPE ARCHITECTS TECHNICAL COMMITTEE



400 R STREET, SUITE 4000, SACRAMENTO, CALIFORNIA 95814-6238 TELEPHONE: (916) 445-4954 FAX: 916) 324-2333

CONSUMER COMPLAINT FORM

1. **SUBJECT** (Person Complaint is Against)

Last Name	First Name	Middle Name	Middle Name			
Business Name						
Business Address						
City		State		Zip Code	е	
Business Phone	Home Phone (If Known)	Landscape Ar	Landscape Architect License # (If Known)			
2. COMPLAINANT (Persor	n Making the Complaint)					
Last Name	First Name	Middle Name	Middle Name			
Address		I				
City		State		Zip Code	e	
Business Phone	Home Phone	Best Time of [Best Time of Day to Contact You			
()	()					
Did you have a contract or le (If yes, please attach a copy.)	etter of agreement with the subject?		YES		NO 🗆	
4. Have you discussed your complaint with the subject?			YES		NO 🗆	
5. Have you contacted an attorney regarding this matter? If so, provide your attorney's name, address and phone number.			YES		NO 🗆	
6. Have you filed a claim in any court regarding this complaint? If so, name court:			YES		NO 🗆	
and indicate hearing date, if	scheduled:		_			
7. What do you want the person	n or company to do to satisfy your co	mplaint?				
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8. Describe the nature of your complaint on the reverse side.

(Please note: Your signature is required on the reverse side of this form.)

NATURE OF YOUR COMPLAINT

Describe the events which led to your complaint and specify pertinent dates, monies paid, balances owed mounts claimed by third parties, etc. Use additional paper if necessary. Please attach any ocumentation which will help support your complaint.	,
The filing of this complaint does not prohibit you from filing a civil action.	
hereby certify under penalty of perjury under the laws of the State of California that to the best f my knowledge all of the above statements are correct. If called upon, I will assist in the avestigation or in the prosecution of the respondent or other involved parties, and will, if accessary, swear to a complaint, attend hearings and testify to facts.	
OUR SIGNATURE DATE	